

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF MANAGEMENT AND TECHNOLOGY
BUREAU OF FISCAL SERVICES

ACCOUNTING POLICY

TOPIC: Section 10--Special Expense 3.0	EFFECTIVE DATE: 10/14/87
TITLE: Co-sponsored Workshops	REVISION DATE: 5/22/98
AUTHORIZED BY: Cheryl Thompson, Deputy Director	PAGE 1 OF 2

BACKGROUND

Public or private organizations may sponsor workshops, training sessions, conferences or other types of meetings that benefit state-funded programs. Because there is a benefit to the state programs these organizations may ask for financial support. One way that this support has been given has been through state mailing of promotional brochures and registration materials. Other ways include contributing an agreed-upon lump sum or printing brochures and conference materials.

POLICY

The Department may provide funds or printed materials for mailings related to events co-sponsored by organizations and the Department of Health and Family Services if the following conditions are met:

1. There is a formal written agreement signed by the Division Administrator, or designee, and a representative of the organization which specifies the benefits to the state and purposes of the event. A copy of the agreement should be attached to the related invoice when it is to be paid. (See attached sample).
2. The agreement stipulates that brochures or other printed materials indicate that the Wisconsin Department of Health and Family Services is a co-sponsor.
3. The agreement stipulates that the bulk rate permit be printed on brochures if the mailing is of sufficient size to justify bulk mailing.

CONTACT PERSON

Harlan Olson
Accounts Payable/Preaudit Section
(608) 267-9301

Attachment

ATTACHMENT

SAMPLE SAMPLE SAMPLE SAMPLE

DHFS Copy
Provider Copy
Purchase Order#

CO-SPONSORSHIP AGREEMENT BETWEEN THE DEPARTMENT OF HEALTH & FAMILY SERVICES
AND
VENDOR (fill in name of vendor)

This Co-sponsorship agreement is entered into by and between the State of Wisconsin represented by its Department of Health and Family Services, on behalf of the Division of Supportive Living (DSL) and VENDOR (fill in name of vendor). The DSL contact is _____. The purpose of this co-sponsorship agreement is to transfer DSL funds in the amount of \$ 2,000.00 to support the _____ workshop.

Under this co-sponsorship agreement, DSL agrees as follows:

Upon receipt of an itemized invoice, DSL will reimburse VENDOR (fill in name of vendor) for agreed upon expenses as detailed on attached purchase order.

Under this co-sponsorship agreement, VENDOR (fill in name of vendor) agrees as follows:

- 1 To use these funds in the way which DSL specifies on the attached purchase order and in the best interest of the State of Wisconsin.
2. Whenever possible, brochures and/or other printed materials will indicate that the Wisconsin Department of Health and Family Services is a co-sponsor.
3. To print a bulk mailing permit on mailings of sufficient size if mailing is within time periods which will allow use of bulk mailing.
4. To use Department of Health and Family Services guidelines for accessibility. The event must be held in a facility that is accessible to the physically disabled and vision, hearing and dietary needs are met. Availability of special accommodations must be stated on the brochure.

This co-sponsorship agreement is entered into by:

Division Administrator
Division of Supportive Living
Department of Health and Family Services

Date

Authorized Signature
Vendor (fill in name of vendor)

Date